

Civil Service Commission
 Department of Human Resources
 City and County of Honolulu
 650 South King Street, 10th Floor
 Honolulu, Hawaii 96813

Date Received: _____

Assigned to: _____

Due Date: _____

PETITION OF APPEAL ON CLASSIFICATION ACTION OF THE DIRECTOR OF HUMAN RESOURCES

Name of Appellant: _____ Telephone: _____

Address: _____

Position No.: _____ Present Class: _____

Department: _____ Division: _____

 Director's Action Being Appealed: _____
 (Title, SR/WB)

 Date Notice of the Action was Sent to the Appellant: _____
 (Original Action or Administrative Review, whichever is later)

 Remedy Requested: _____
 (Title, SR/WB desired)

Particular Rule or Statute Involved, if known: _____

Statement of Issues Involved and Facts as Contended by the Appellant: _____

Signature of Appellant _____

Authorized Agent, if any _____

Address _____

Telephone: _____

Submit original plus 8 copies
 typewritten or in ink. For
 additional space, use plain
 8 1/2 " x 11" sheets and attach.